

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101579836

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT		
	IND.		DEP.		IND.			IND.		DEP.		IND.		
	1	1	1	1	1	1		1	1	1	1	1	1	
1	1		1					51						
2		6		1				52						
3		5						53						
4		8		1				54						
5		9						55						
6		10		1				56						
7		11						57						
8		12		1				58						
9		13						59						
10		14		1				60						
11		15						61						
12		16		1				62						
13		17						63						
14		18		1				64						
15		19						65						
16		20						66						
17		21						67						
18		22						68						
19		23						69						
20		24						70						
21		25						71						
22		26						72						
23		27						73						
24		28						74						
25		29						75						
26		30						76						
27		31						77						
28		32						78						
29		33						79						
30		34						80						
31		35						81						
32		36						82						
33		37						83						
34		38						84						
35		39						85						
36		40						86						
37		41						87						
38		42						88						
39		43						89						
40		44						90						
41		45						91						
42		46						92						
43		47						93						
44		48						94						
45		49						95						
46		50						96						
TOTAL IND.			2	2				97						
TOTAL DEP.			13	13				98						
TOTAL CLAIMS			15	15				99						